

**AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY**

FL-525

Petitioner IV-D Case: ☐ TANF  
☐ IV-E Foster Care  
☐ Medicaid Only  
☐ Former Assistance  
Respondent ☐ Never Assistance  
Non-IV-D Case: ☐

File Stamp

Responding IV-D Case No. \_\_\_\_\_ Initiating IV-D Case No. \_\_\_\_\_

Responding Tribunal No. \_\_\_\_\_ Initiating Tribunal No. \_\_\_\_\_

A Separate Affidavit Is Required for Each Child Needing Paternity Established.

**SECTION I**

I, \_\_\_\_\_, on oath, under penalty of perjury depose and allege:  
Name (First, Middle, Last)

1. I am the ☐ natural mother of the child named below:  
☐ natural father

Child's Full Name (First, Middle, Last)		Child's Date of Birth (Month, Day, Year)	Place of Birth (City, County, State)
Date Mother Got Pregnant (Month, Day, Year)	Full Term Pregnancy <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, explain)	Where Mother Got Pregnant (City, County, State)	

2. The child was conceived as a result of sexual intercourse between \_\_\_\_\_  
and me during the time stated above. Name (First, Middle, Last)

3. a. A man is named as the father on the child's birth certificate. ☐ Yes (Attach copy) ☐ No  
If Yes, the man's name and address are:
- b. A man was married to the natural mother, and the child's birth occurred within a year of the end of the marriage. ☐ Yes ☐ No Date marriage ended (Month, Day, Year) \_\_\_\_\_  
If Yes, the man's name and address are:
- c. A man acted as and presented himself to be the child's father. ☐ Yes ☐ No  
If Yes, the man's name and address are:
- d. Genetic tests were completed to determine the father of the child. ☐ Yes ☐ No  
If Yes, attach results.

**SECTION II (TO BE COMPLETED BY MOTHER ONLY)**

1. I had sexual intercourse with another man (other than the man I am naming as the child's natural father) during the time 30 days before or 30 days after the child was conceived. ☐ Yes ☐ No. (If Yes, complete the following).

a. The name(s) and address(es) of the other man/men:

b. The other man/men are biologically related to the man I am naming as the child's natural father. ☐ Yes ☐ No. If Yes, explain the biological relationship (e.g., brother, cousin, uncle, etc.):

c. I do not believe the other man/men is/are the father because:

2. I was married at the time of this child's birth. ☐ Yes ☐ No. (If Yes, complete the following).

a. Husband's name (first, middle, last) and last known address:

b. Explain why the husband is not the father of this child and attach all appropriate documents, including divorce decree, blood test results and prior findings of nonpaternity, if any:

3. \_\_\_\_\_ is the father of this child. The following facts support my allegations of paternity:  
Name (First, Middle, Last)

- |  |  |  |
|--|--|--|
| a. We lived together.  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dates: _____ To _____<br>Location _____          |
| b. I have told welfare officials that he is the father of this child.        | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| c. I told him that he was the father of the child.                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| d. He is named as the father on the birth certificate.                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Certified Copy Attached |
| e. He admitted being the father of the child.                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| f. He sent cards/letters regarding the pregnancy and/or about the child.     | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Copies Attached         |
| g. He was present at the birth of the child.                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| h. He visited the child at the hospital following birth.                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| i. He offered to pay for an abortion/medical expenses.                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| j. He paid for birth related expenses.                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| k. He claimed the child on tax returns.                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Don't Know              |
| l. He has provided food, clothing, gifts or financial support for the child. | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, explain in Section IV                    |
| m. He lived with the child.  | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, explain in Section IV                    |
| n. He visited the child.   | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, explain in Section IV                    |
| o. The child resembles him. <input type="checkbox"/> Photo attached          | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, explain in Section IV                    |
| p. There are witnesses to my relationship with him.                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
- (If Yes, list names and addresses and briefly describe relevant facts known by each under Section IV)

**SECTION III (TO BE COMPLETED BY FATHER ONLY)**

The following facts support my belief and statements that I am the father of this child:

- |  |  |  |
|--|--|--|
| a. The mother and I lived together.  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dates: _____ To _____<br>Location _____          |
| b. The mother told me that I am the father of the child.                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| c. I am named as the father on the birth certificate.                        | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Certified Copy Attached |
| d. I signed an acknowledgment of paternity.                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Certified Copy Attached |
| e. I was present at the birth of the child.                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| f. I visited the child at the hospital following birth.                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| g. I offered to pay for an abortion/medical expenses.                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| h. I paid for birth related expenses.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| i. I claimed the child on tax returns.                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| j. I have provided food, clothing, gifts or financial support for the child. | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, explain in Section IV                    |
| k. I lived with the child.   | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, explain in Section IV                    |
| l. I visited the child.  | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, explain in Section IV                    |
| m. The child resembles me. <input type="checkbox"/> Photo attached           | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, explain in Section IV                    |
| n. There are witnesses to my relationship with the child's mother.           | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
- (If Yes, list names and addresses and briefly describe relevant facts known by each under Section IV)

**SECTION IV -- OTHER PERTINENT INFORMATION** (including detailed explanations for "Yes" responses in Section II or Section III above)

☐ Continued On Attached Sheet(s), incorporated by reference.

All of the information and facts contained in this AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY are true and correct to my best knowledge and belief. I agree to submit myself and, if I am the custodian, my child to genetic testing as may be necessary to establish paternity.

_____ Date	_____ Signature
_____ Sworn to and Signed before me this Date, County and State	_____ Notary Public/Official and Title
	_____ Commission Expires

**INSTRUCTIONS FOR AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY**

**PURPOSE OF THE FORM:** This affidavit supplements the Uniform Support Petition to summarize evidence to establish paternity. A separate Affidavit in Support of Establishing Paternity is required for each child needing paternity establishment. This is necessary since the circumstances surrounding conception and birth will differ unless the children are twins. Reminder: A putative father may petition for paternity establishment under UIFSA. All appropriate information for the Affidavit in Support of Establishing Paternity must be completed or furnished by the parent, properly signed by the parent, and notarized as required. A separate Affidavit is required for each allegation of paternity.

**HEADING/CAPTION:** [To be completed by the Child Support (IV-D) Worker]

- Identify the petitioner and respondent in the appropriate spaces.
- Check the appropriate space to identify the type of case: TANF; IV-E Foster Care, Medicaid only; former assistance, never assistance, or Non-IV-D. TANF means the obligee's family receives IV-A cash payments. A Medicaid only case is a case where the obligee's family receives Medicaid but does not receive TANF (IV-A cash payments).
- Under "Responding IV-D Case No." and "Responding Tribunal No.", enter appropriate case and tribunal numbers that the responding State uses to identify the case, if applicable and if known. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number.
- Under "Initiating IV-D Case No." and "Initiating Tribunal No.", enter appropriate case and tribunal numbers which your IV-D agency or local tribunal has assigned to the case. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number.

**SECTION I:** (Information to be completed or furnished by parent of the child)

Enter the full name (First, Middle, Last) of the parent completing the affidavit.

**Item 1:** Check whether you (the parent) are the natural mother or natural father of the child.

Enter the "Child's Full Name", "Child's Date of Birth", and "Place of Birth".

"Date Mother Got Pregnant" - Enter the date or period of time when you believe the mother became pregnant (e.g., 4/1/89 or from 4/1/89 to 5/1/89). Be sure to include the year when providing date(s). Be as specific as possible, providing an individual date, multiple dates or a range of dates. If additional space is needed, continue in Section IV or on an attached separate sheet.

"Full Term Pregnancy" - Check "Yes" or "No" to indicate whether or not the pregnancy lasted nine months. If no, explain (e.g., 6 months--child born premature).

"Where Mother Got Pregnant" - List the City, County, and State.

**Item 2:** Enter the name of the child's other parent in the blank. This is the person with whom you (the parent completing the affidavit) had sexual intercourse which resulted in the child's conception.

**Item 3a:** Check "Yes" or "No" to indicate whether or not a man is named as the child's father on the child's birth certificate. If "Yes", attach a copy of the birth certificate and provide the man's name and address. The man may be the same man who is named as the father of the child in this affidavit, or he may be a different man.

**Item 3b:** Check "Yes" or "No" to indicate whether or not a man was married to the child's natural mother **and** the child's birth occurred within a year of the end of the marriage. Include the date the marriage ended. If "Yes", provide the man's name and address. The man may be the same man who is named as the father of the child in this affidavit, or he may be a different man.

**Item 3c:** Check "Yes" or "No" to indicate whether or not a man acted as and presented himself to be the child's father. If "Yes", provide the man's name and address. The man may be the same man who is named as the father of the child in this affidavit, or he may be a different man.

**Item 3d:** Check "Yes" or "No" to indicate whether or not genetic tests (e.g., blood tests) were completed to determine the father of the child. If "Yes", attach the test results.

**SECTION II: (To be completed by Mother Only)**

**Item 1:** Check "Yes" or "No" to indicate whether you (the mother) did or did not have sexual intercourse (sex) with another man or other men during the 30 days before or the 30 days after the child was conceived ("Date Mother Got Pregnant").

If you had sexual intercourse with another man or other men during this period (30 days before or 30 days after), complete items 1a through 1c.

**Item 1a:** Provide the name(s) and address(es) of the other man/men.

**Item 1b:** Check "Yes" or "No" to indicate whether the other man/men are biologically related to the alleged father. If "Yes", state the relationship (e.g., brother, cousin, etc). This may be relevant to genetic testing.

**Item 1c:** Explain why you do not believe the other man/men is/are the father of this child (e.g., prior exclusion by genetic testing).

**Item 2:** Check "Yes" or "No" to indicate whether or not you were married at the time of the child's birth. If "Yes", complete items 2a and 2b.

**Item 2a:** Provide the name and last known address of the man who was your husband at the time of the child's birth.

**Item 2b:** Explain why the husband is not the father. Attach appropriate documents.

**Item 3:** Be sure to enter the name of the father of this child. Check the appropriate answer for each statement (a - p) to support the allegations of paternity against the alleged father. Remember to attach any necessary, relevant documentation. This includes a certified copy of the birth certificate with the alleged father's name on it; and other documents if available (e.g., letters or cards from the alleged father regarding the pregnancy or the child). Note: some responding States may only need a regular copy of a birth certificate, rather than a certified copy.

### **SECTION III: (To be completed by Father Only)**

Reminder: A putative father may petition for paternity establishment under UIFSA.

Check the appropriate answer for each statement (a - n). Remember to attach any necessary, relevant documentation. This includes a certified copy of the birth certificate with your name as the child's father on it; a certified copy of a paternity acknowledgment; and other documents if available (e.g., letters or cards from the mother regarding the pregnancy or the child). Note: some responding States may only need a regular copy of a birth certificate or paternity acknowledgment, rather than a certified copy.

**SECTION IV:** Provide any additional information not already covered which might be helpful in establishing paternity. One example would be the alleged father's attendance in a child birth class with the mother.

**If you are the mother,** provide details to "Yes" answers to item 3, statements l through p in Section II.

- (l) Describe any food, clothing, gifts, or financial support the alleged father has provided for the child.
- (m) Describe where and when the alleged father lived with the child.
- (n) Provide dates and circumstances of any visits between the alleged father and the child.
- (o) Describe any physical resemblance between the alleged father and the child. Attach photographs, if available.
- (p) Provide names and addresses of any witnesses to your relationship with the father. Consider friends and relatives who were aware of the parties' dating, ongoing relationship, or cohabitation during the period of conception.

**If you are the father,** provide details to "Yes" answers to statements j through n in Section III.

- (j) Describe any food, clothing, gifts, or financial support you provided for the child.
- (k) Describe where and when you lived with the child.
- (l) Provide dates and circumstances of any visits between you and the child.
- (m) Describe any physical resemblance between you and the child. Attach photographs, if available.
- (n) Provide names and addresses of any witnesses to your relationship with the child's mother. Consider friends and relatives who were aware of the parties' dating, ongoing relationship, or cohabitation during the period of conception.

- The affidavit in support of establishing paternity must be signed by the mother or father seeking to establish paternity.
- The signature requires a notary.

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#### The Paperwork Reduction Act of 1995

This information collection is conducted in accordance with 45 CFR 303.7 of the child support enforcement program. Standard forms are designed to provide uniformity and standardization for interstate case processing. Public reporting burden for this collection of information is estimated to average one hour per response. The responses to this collection are mandatory in accordance with 45 CFR 303.7. This information is subject to State and Federal confidentiality requirements; however, the information will be filed with the tribunal and/or agency in the responding State and may, depending on State law, be disclosed to other parties. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.